

Department of Employee Trust Funds
LOCAL HEALTH INSURANCE ADMINISTRATION MANUAL

CHAPTER 11 — CODES

- 1101 County Codes**
- 1102 Coverage Codes**
- 1103 Employee Type Codes**
- 1104 Enrollment Type Codes**
- 1105 Program Option Codes**
- 1106 Standard Plan Waiting Period Codes**
- 1107 Surcharge Codes**

The following codes are required for completing the employer sections of forms used in the administration of the Wisconsin Public Employers Group Health Insurance program:

1101 County Codes

Code	County
01	Adams
02	Ashland
03	Barron
04	Bayfield
05	Brown
06	Buffalo
07	Burnett
08	Calumet
09	Chippewa
10	Clark
11	Columbia
12	Crawford
13	Dane
14	Dodge
15	Door
16	Douglas
17	Dunn
18	Eau Claire
19	Florence
20	Fond du Lac
21	Forest
22	Grant
23	Green
24	Green Lake
25	Iowa

Code	County
26	Iron
27	Jackson
28	Jefferson
29	Juneau
30	Kenosha
31	Kewaunee
32	La Crosse
33	LaFayette
34	Langlade
35	Lincoln
36	Manitowoc
37	Marathon
38	Marinette
39	Marquette
72	Menominee
40	Milwaukee
41	Monroe
42	Oconto
43	Oneida
44	Outagamie
45	Ozaukee
46	Pepin
47	Pierce
48	Polk

Code	County
49	Portage
50	Price
51	Racine
52	Richland
53	Rock
54	Rusk
55	St. Croix
56	Sauk
57	Sawyer
58	Shawano
59	Sheboygan
60	Taylor
61	Trempeleau
62	Vernon
63	Vilas
64	Walworth
65	Washburn
66	Washington
67	Waukesha
68	Waupaca
69	Waushara
70	Winnebago
71	Wood
99*	Other*

* Used to indicate out-of-state location

1102 Coverage Codes

Code	Type of Coverage	Description
01	Single	Coverage is for the subscriber (employee) only.
02	Family	Coverage is for the subscriber (employee) and eligible dependent(s).
05	Medicare – Single	Employer-paid annuitant or Annuitant; Single coverage with Medicare.
06	Medicare – Family 1	Employer-paid annuitant or Annuitant; Family coverage and one person with Medicare.
07	Medicare – Family 2	Family coverage; subscriber and dependent both with Medicare.

1103 Employee Type Codes

Code	Employee Type	Description
06	Local	Eligible local government employee.
07	Annuitant	Retired employee who is eligible for health insurance.
08	Surviving Spouse/ Dependent	Currently insured subscriber dies while carrying family health insurance coverage.
09	Local Paid Annuitant	WRS annuitant whose former employer pays all or part of the monthly health insurance premiums.

1104 Enrollment Type Codes

Code	Used For:	Enrollment Type	Description	Used On:
01	Additions	Initial Offering	Employee whose employer is initially enrolling in the Group Health Insurance program.	New Employer Application (ET-2343) & Monthly Reports
02	Additions	Initial Enrollment	Employee is applying for health insurance for the first time since becoming an eligible employee.	Application (ET-2301) & Monthly Reports
03	Additions	Absent Without Earnings – LOA, Layoff, Appeal of Discharge	Eligible employee is/was on LOA or layoff during which time coverage lapsed or during an appeal of discharge.	Application & Monthly Reports
05	Additions	Terminated and Rehired Within 30 Days	Employee was terminated and rehired within 30 days.	Application & Monthly Reports
08	Additions	Missed Initial Enrollment Period	Employee did not apply for coverage during initial enrollment period. 180-day waiting period must be served for all pre-existing conditions for applicant and all listed dependents (including spouse). Can select Standard Plan option only.	Application & Monthly Reports
12	Additions	Deleted in Error	Listed to reinstate employee's coverage (with no lapse in coverage) which was previously deleted in error by the employer.	Monthly Reports
31	Additions	Spouse-to-Spouse Transfer	Insurance contract is being switched from one spouse to the other (both spouses being employed by the same employer).	Application & Monthly Reports

Code	Used For:	Enrollment Type	Description	Used On:
32	Additions	Returned From LOA or Layoff and Missed Dual-Choice	Employee let coverage lapse while on LOA or layoff, and was not on payroll during the entire Dual-Choice Enrollment period.	Application & Monthly Reports
40	Additions	Dual-Choice	Employee changing plan only or plan and coverage during the annual Dual-Choice Enrollment period.	Application & Monthly Reports
41	Additions	Moved From Service Area	Employee relocates to a different county and is enrolling in a different plan.	Application & Monthly Reports
48	Additions	Entered/Returned From Military LOA	Employee entered or returned from Military LOA.	Application & Monthly Reports
49	Additions	Entered/Returned From Family Medical Leave of Absence (FMLA)	Employee entered or returned from a FMLA.	Application & Monthly Reports
51	Additions	Transfer to Standard Plan		Application & Monthly Reports
53	Additions	Annuitant	Transfer from active employer group to annuitant group.	Application & Monthly Reports
55	Additions	Continuation to Spouse/Dependent as a Result of Death	Continuation as survivors to insured spouse/dependent because of death of the subscriber.	Application & Monthly Reports
62	Additions	Continuation to Spouse/Dependent As a Result of Death	Continuation as survivors to insured spouse/dependent because of death of the subscriber who was on a Disability Benefit.	Application & Monthly Reports
67	Additions	Loss of Coverage	An employee's initial application for coverage within the Group Health Insurance program which is being submitted beyond the employee's initial enrollment periods due to special enrollment opportunity.	Application & Monthly Reports
03	Deletions	Absent Without Earnings – LOA, Layoff, Appeal of Discharge	Eligible employee is/was on LOA, layoff or an appeal of discharge during which time coverage lapsed.	Monthly Reports
09	Deletions	Cancellation	Currently insured subscriber voluntarily cancels coverage, but is not terminating employment.	Application & Monthly Reports
10	Deletions	Termination	Currently insured subscriber who terminates employment with the current employer group.	Monthly Reports
11	Deletions	Death	Currently insured employee, annuitant or continuant dies.	Monthly Reports
31	Deletions	Spouse-to-Spouse Transfer	Insurance contract is being switched from one spouse to the other (both spouses being employed by the same employer).	Monthly Reports
40	Deletions	Dual-Choice	Employee changing plan and coverage or plan only during the annual Dual-Choice Enrollment period.	Monthly Reports
41	Deletions	Moved From Service Area	Employee relocates out of their current health plan's service area and is enrolling in a different plan.	Monthly Reports

Local Health Insurance
Chapter 11 – Codes
Page 4

Code	Used For:	Enrollment Type	Description	Used On:
48	Deletions	Entered/Returned From Military LOA	Employee entered or returned from Military LOA.	Monthly Reports
49	Deletions	Entered/Returned From Family Medical Leave of Absence (FMLA)	Employee entered or returned from a FMLA.	Monthly Reports
50	Deletions	Retires	Employee retires.	Monthly Reports
51	Deletions	Transfer to Standard Plan		Application & Monthly Reports
53	Deletions	Employer Paid Annuitant	Transfer from active employer group to local employer paid annuitant group.	Monthly Reports
43	Changes	Changes From Single to Family Coverage	Employee changes from single coverage to family coverage.	Application & Monthly Reports
44	Changes	Changes From Family Coverage to Single Coverage (only dependent no longer eligible)	Employee changes to single coverage because there are no longer any eligible dependents.	Application & Monthly Reports
45	Changes	Change From Family Coverage to Single Coverage (at least one dependent still eligible)	Employee has eligible dependents, but voluntarily elects to change to single coverage.	Application & Monthly Reports
46	Changes	Coverage Type Change – Medicare	Insured participant enrolled in Medicare.	Monthly Reports
68	Changes	Change in Level of Coverage	Change in the level of coverage (single coverage to family) due to special enrollment opportunity where any dependent loses coverage under a separate plan.	Application & Monthly Reports
07	Other	Declined	Employee declines to enroll for health insurance when first eligible for coverage. Employee must submit a signed application indicating that they are declining coverage.	Application
65	Other	Information Change Only	The employee's level of coverage remains the same as well as the health plan; however, an indicative data change has occurred (i.e., change of address, dependent is being adding).	Change Form (ET-2329)
66	Other	Premium Adjustment Only	To indicate a premium adjustment only.	Monthly Reports

1105 Program Option Codes

Code	Program Option Description
P02	Traditional HMO option paired with the Classic Standard Plan
P03	Traditional HMO option paired with the Standard PPP
P04	Deductible HMO option paired with the Deductible Standard Plan
P05	Deductible HMO option paired with the Deductible Standard PPP

1106 Standard Plan Waiting Period Codes

Code	Waiting Period For:
01	Dependents (Spouse and Children) Only
02	All Family Members (Employee and Dependents)

1107 Surcharge Codes

Code	Description
S01	No surcharge.
S02	Low risk surcharge applied during months 13 – 24 in health program.
S03	Moderate risk surcharge applied during months 13 – 24 in health program.
S04	High risk surcharge applied during months 13 – 24 in health program.
S05	Low risk surcharge applied during first 12 months in health program.
S06	Moderate risk surcharge applied during first 12 months in health program.
S07	High risk surcharge applied during first 12 months in health program.
S08	Low risk surcharge applied during months 10 – 21 in health program.
S09	Moderate risk surcharge applied during months 10 – 21 in health program.
S10	High risk surcharge applied during months 10 – 21 in health program.
S11	Low risk surcharge applied during first 9 months in health program.
S12	Moderate risk surcharge applied during first 9 months in health program.
S13	High risk surcharge applied during first 9 months in health program.
S14	Low risk surcharge applied during first 18 months in health program.
S15	Moderate risk surcharge applied during first 18 months in health program.
S16	High risk surcharge applied during first 18 months in health program.
S17	Low risk surcharge applied during months 16 – 27 in health program.
S18	Moderate risk surcharge applied during months 16 – 27 in health program.
S19	High risk surcharge applied during months 16 – 27 in health program.
S20	Low risk surcharge applied during first 15 months in health program.
S21	Moderate risk surcharge applied during first 15 months in health program.
S22	High risk surcharge applied during first 15 months in health program.